

6-006 Payment for Interceptive and Comprehensive Orthodontic Treatment: Payment for authorized orthodontic treatment is made upon approval of the treatment plan and submittal of a dental claim.

The procedure code to be used when submitting for payment for orthodontic treatment is the "five"-digit procedure code that was prior authorized by the Department.

The "Date of Service" on the dental claim must be the "date of authorization" or "certification authorization date" on the prior authorization.

The "Fee" on the dental claim must be the dollar amount authorized on the prior authorization.

6-006.01 Transfer of Interceptive and Comprehensive Orthodontic Cases: If the client transfers to another dentist, the authorized dentist must transfer the portion of the amount paid by Medicaid that applies to the treatment not completed to the new completing dentist.

6-006.02 Interceptive and Comprehensive Orthodontic Treatment Not Completed: If prior authorized orthodontic treatment is not completed, the providing dentist must refund the portion of the amount paid by Medicaid that applies to the treatment not completed to the Department.

~~6-007 Standards for Participation: To participate in the Nebraska Medical Assistance Program (NMAP), also known as Medicaid, a dentist must be licensed by the Nebraska Department of Health and Human Services. If services are provided outside Nebraska, the dentist must be licensed in that state.~~

6-007 Standards for Participation: Providers of dental services must be licensed by the Nebraska Department of Health and Human Services as a dentist or a dental hygienist and must practice within their scope of practice as defined in Neb. Rev. Stat. Sections 71-183 to 71-193.20 and 71-193.21 to 71-193.35, and effective December 1, 2008, Neb. Rev. Stat. Section 38-1101 to 38-1151.

If services are provided outside Nebraska, the dentist or dental hygienist must be licensed in that state and must practice within their scope of practice as defined by those state licensing laws.

6-008 Provider Agreement: Providers of dental services must complete and sign Form MC-19, "Medical Assistance Provider Agreement," (see 471-000-90) and submit the completed form to the Nebraska Department of Health and Human Services for approval to participate in NMAP.